



State of Nebraska
Department of
Environmental
Control

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: Complete all applicable information below. Please refer to the RULES AND REGULATIONS GOVERNING HAZARDOUS WASTE MANAGEMENT in NEBRASKA for definition of terms and other information needed to complete this form. Mail completed form to: NEBRASKA DEPARTMENT OF ENVIRONMENTAL CONTROL, BOX 94877, Lincoln, NE 68509, ATTN: HAZARDOUS WASTE SECTION. (402) 471-4217.

I. NAME OF INSTALLATION

Midland Mfg Inc

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

116 W 7th

CITY OR TOWN

ST.

ZIP CODE

York

Ne 68467

COPY

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

SAME

CITY OR TOWN

ST.

ZIP CODE

York

AUG 25 1986

DEPARTMENT OF

ENVIRONMENTAL CONTROL

IV. INSTALLATION CONTACT

NAME AND TITLE

PHONE NO. (area code & no.)

RYDER KELLER ASST. MANAGER

402-362-6372

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. CIRCLE TYPE OF OWNERSHIP

Midland Mfg Inc

FEDERAL

STATE

PRIVATE

TITLE

VI. TYPE OF REGULATED WASTE ACTIVITY

(Mark 'X' in the appropriate boxes.)

A. HAZARDOUS WASTE ACTIVITY

B. USED OIL FUEL ACTIVITIES

- ☐ 1. GENERATION
☐ 2. TRANSPORTATION (complete item VIII)
☐ 3. TREAT/STORE/DISPOSE
☒ 4. SMALL QUANTITY GENERATOR (100 to 1000 kg./mo.)
☐ 5. MARKET OR BURN HAZARDOUS WASTE FUEL (Enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. OFF-SPECIFICATION USED OIL FUEL (Enter 'X' and mark appropriate boxes below.)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. SPECIFICATION USED OIL FUEL MARKETER (Or On Site Burner) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION

VII. WASTE FUEL BURNING: (Type of Combustion Device)

(Mark 'X' in the appropriate boxes. Call DEC for definitions of combustion devices.)

☐ A. UTILITY BOILER

☐ B. INDUSTRIAL BOILER

☐ C. INDUSTRIAL FURNACE

VIII. MODE OF TRANSPORTATION

(Transporters Only—Enter 'X' in the appropriate box(es))

☐ A. AIR
81

☐ B. RAIL
82

☒ C. HIGHWAY
83

☐ D. WATER
84

☐ E. OTHER (Specify)
85

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's DEC/EPA I.D. NO. in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (Complete item C)

C. INSTALLATION'S DEC/EPA I.D. NO.

NED118692V43

Please go to the reverse of this form and provide the requested information.

CONTINUE ON REVERSE

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary. ("F" Coded Wastes)

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

13	14	15	16	17	18
23 . 26	23 . 26	23 . 26	23 . 26	23 . 26	23 . 26
19	20	21	22	23	24
23 . 26	23 . 26	23 . 26	23 . 26	23 . 26	23 . 26

25	26	27	28	29	30
23 . 28	23 . 28	23 . 28	23 . 28	23 . 28	23 . 28
31	32	33	34	35	36
23 . 28	23 . 28	23 . 28	23 . 28	23 . 28	23 . 28

(D000)

For each waste given in Part X (above) give the four digit number and the estimated annual quantity generated.

[illegible]

RCRA Records Center

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

DATE SIGNED _____

FOR OFFICIAL USE ONLY



STATE OF NEBRASKA

ROBERT KERREY • GOVERNOR • DENNIS GRAMS • DIRECTOR

October 17, 1986

Mr. Ryder Keller
Midland Manufacturing, Inc.
116 West 7th Street
York, Nebraska 68467

Dear Mr. Keller:

This is to acknowledge that you filed a Notification of Hazardous Waste Activity on August 25, 1986 for the facility located at the address shown below to comply with both state and federal regulations. The DEC/EPA Identification Number, type of hazardous waste activity and a description of hazardous waste are listed below. This number must be included on all shipping manifests for transporting hazardous waste; on all annual reports that generators of hazardous waste and owners of hazardous waste treatment, storage and disposal facilities must file with the state; on all applications for hazardous waste permits; and other correspondence related to your hazardous waste management activities.

DEC/EPA Identification Number: NED118697143

Installation Address: 116 West 7th Street, York, NE 68467

Type of Hazardous Waste Activity: Small Quantity Generator

Description of Hazardous Waste: D001

The State of Nebraska received Final Authorization on February 7, 1985 to conduct the state's hazardous waste program in lieu of the respective federal program. The Nebraska Department of Environmental Control is to be notified of any additions to and/or modifications of the information provided on your notification. All questions or assistance pertaining to the handling of hazardous waste should also be directed to this office.

Sincerely,

Mike Steffensmeier, Section Supervisor
Hazardous Waste Section
Land Quality Division

MS/CEW/th

cc: Chet McLaughlin, U.S. EPA-Region VII ✓



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☐ B. SUBSEQUENT NOTIFICATION (Complete item C)

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NED118692143

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B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary. ("K" Coded Wastes)

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number for each chemical substance your installation handles which may be hazardous waste. Use additional sheets if necessary. ("U" or "P" Coded Wastes.)

D. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles.

- XI QUANTITY HAZARDOUS WASTE**

For each waste given in Part X (above) give the four digit number and the estimated annual quantity generated.

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (Type or Print)

DATE SIGNED _____

8-21-86

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